

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/807892

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9	/						59					
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12		/					62					
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41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	19						TOTAL DEP.					
TOTAL CLAIMS	23						TOTAL CLAIMS					

PTO-135C (3-78)

ABLE COPY

BEST AVAILABLE COPY

AVAILABLE COPY